STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

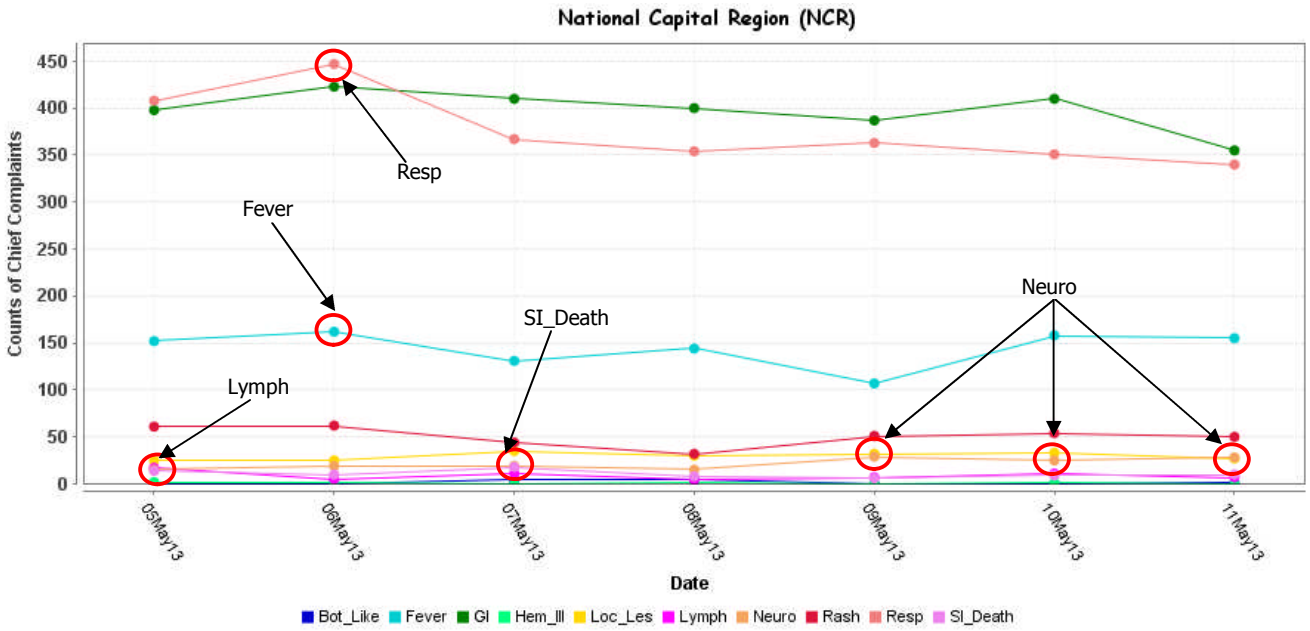
May 17, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:19
Reporting for the week ending 05/10/13 (MMWR Week #19)

CURRENT HOMELAND SECURITY THREAT LEVELS

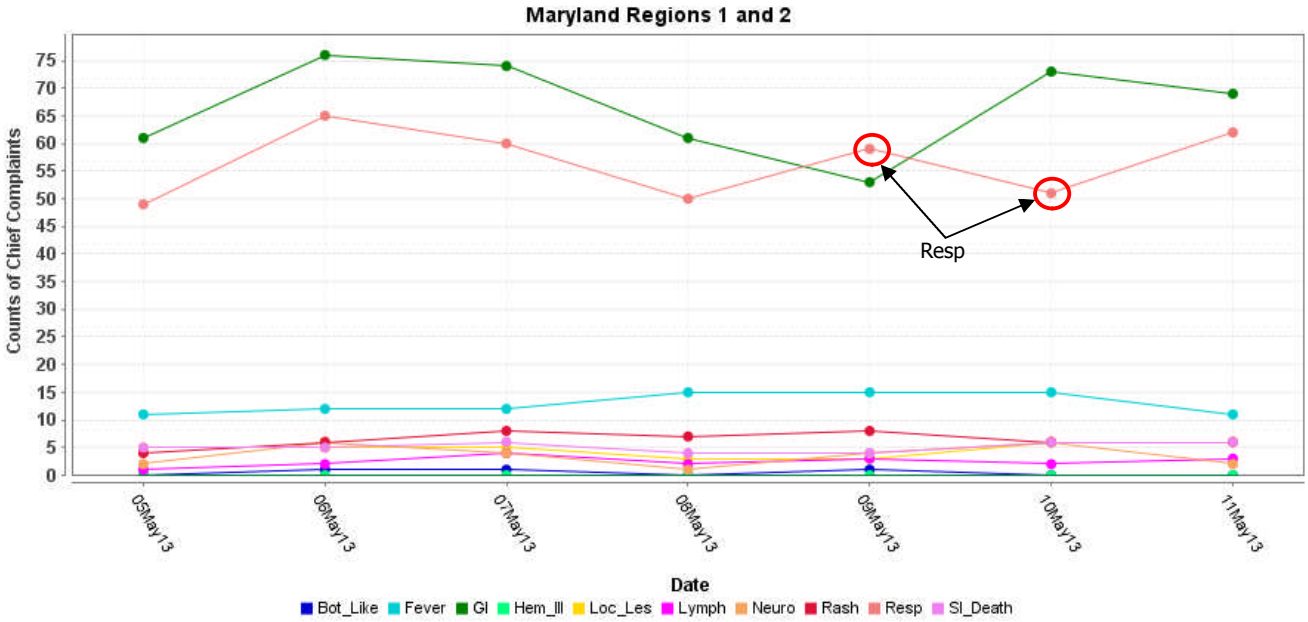
National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

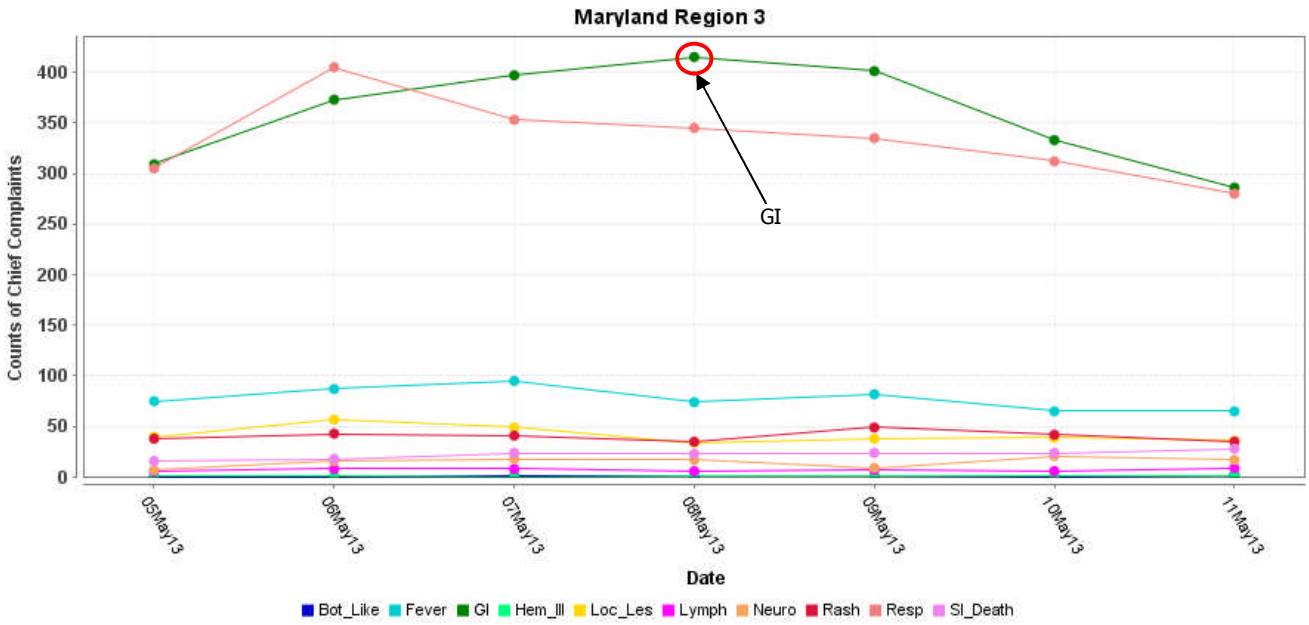


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

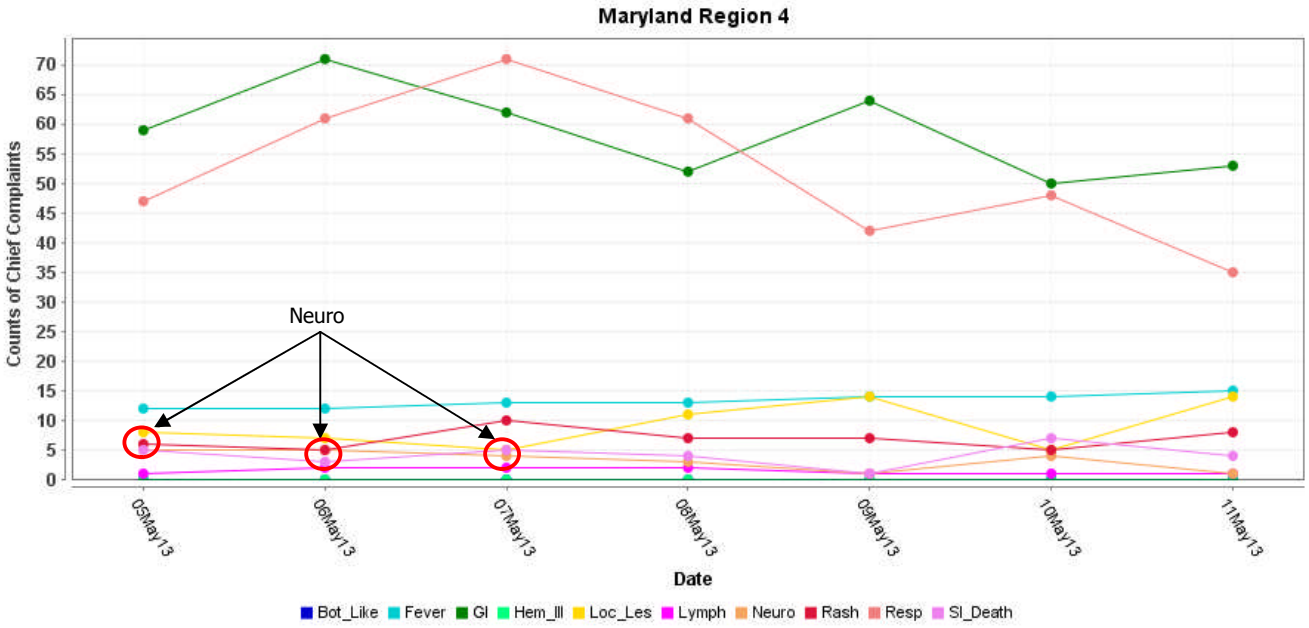
MARYLAND ESSENCE:



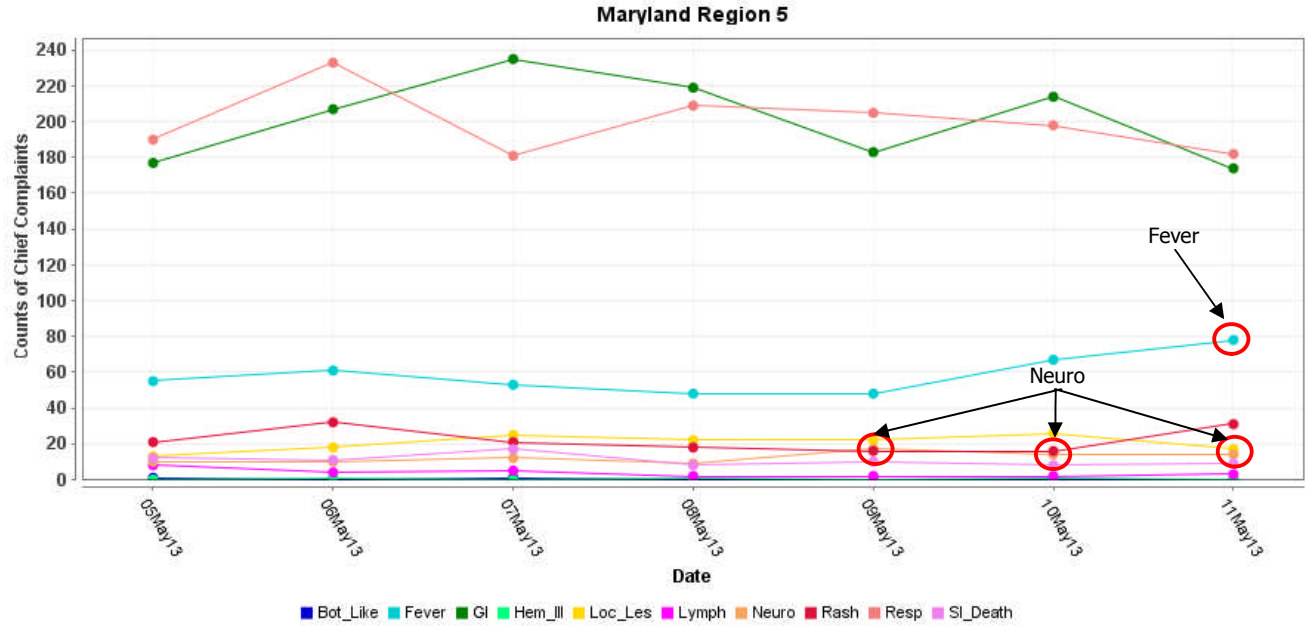
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



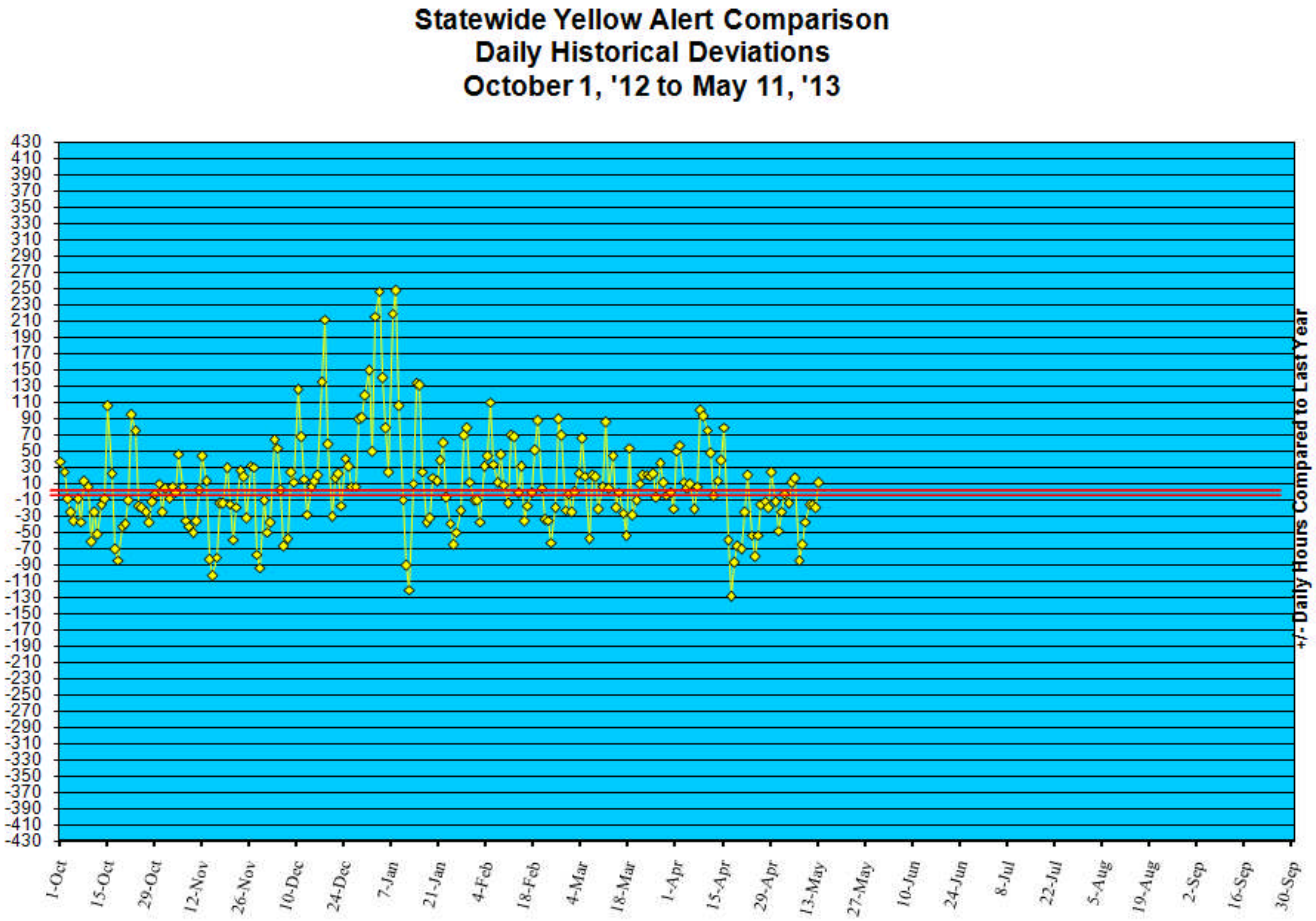
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in March 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (May 5 – May 11, 2013):	3	0
Prior week (April 28 – May 4, 2013):	6	0
Week#19, 2012 (May 7 – May 13, 2012):	13	0

4 outbreaks were reported to DHMH during MMWR Week 19 (May 5 – May 11, 2013)

2 Gastroenteritis Outbreaks
2 outbreaks of GASTROENTERITIS in Nursing Homes

1 Respiratory Illness Outbreak
1 outbreak of ILI/PNEUMONIA in a Nursing Home

1 Other Outbreak
1 outbreak of PHARYNGITIS associated with a school

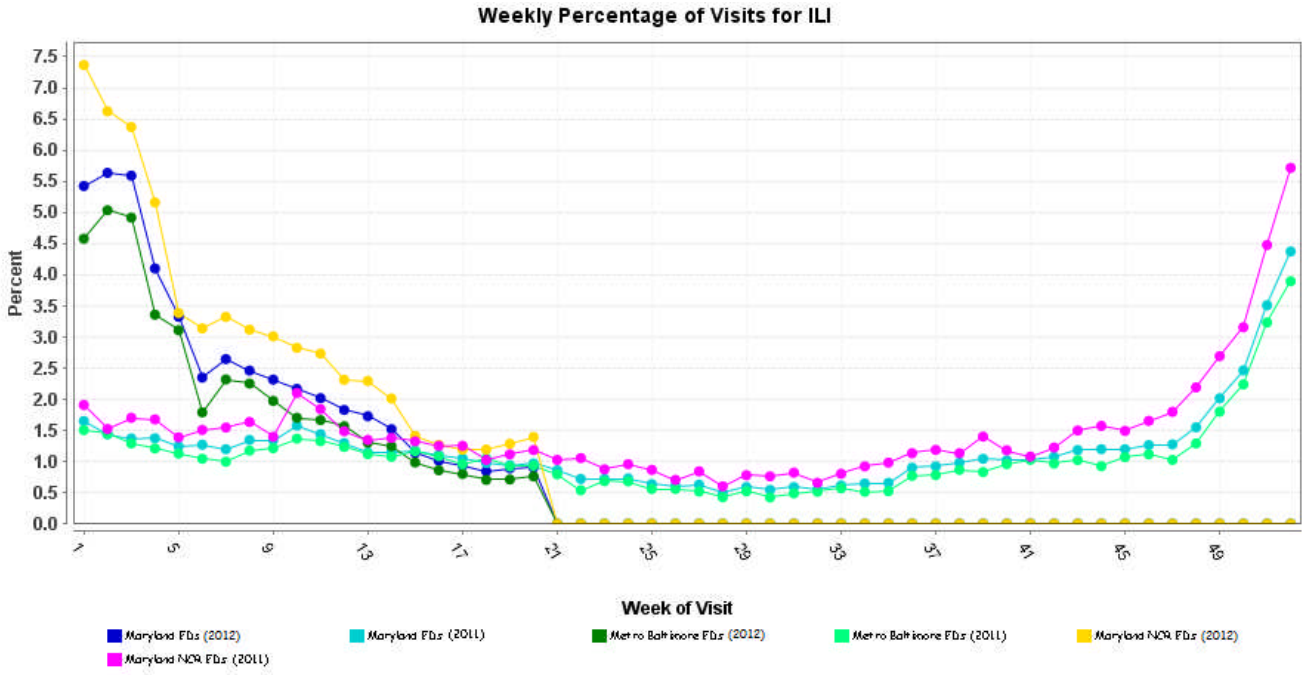
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 19 was: Sporadic Activity with Minimal Intensity.

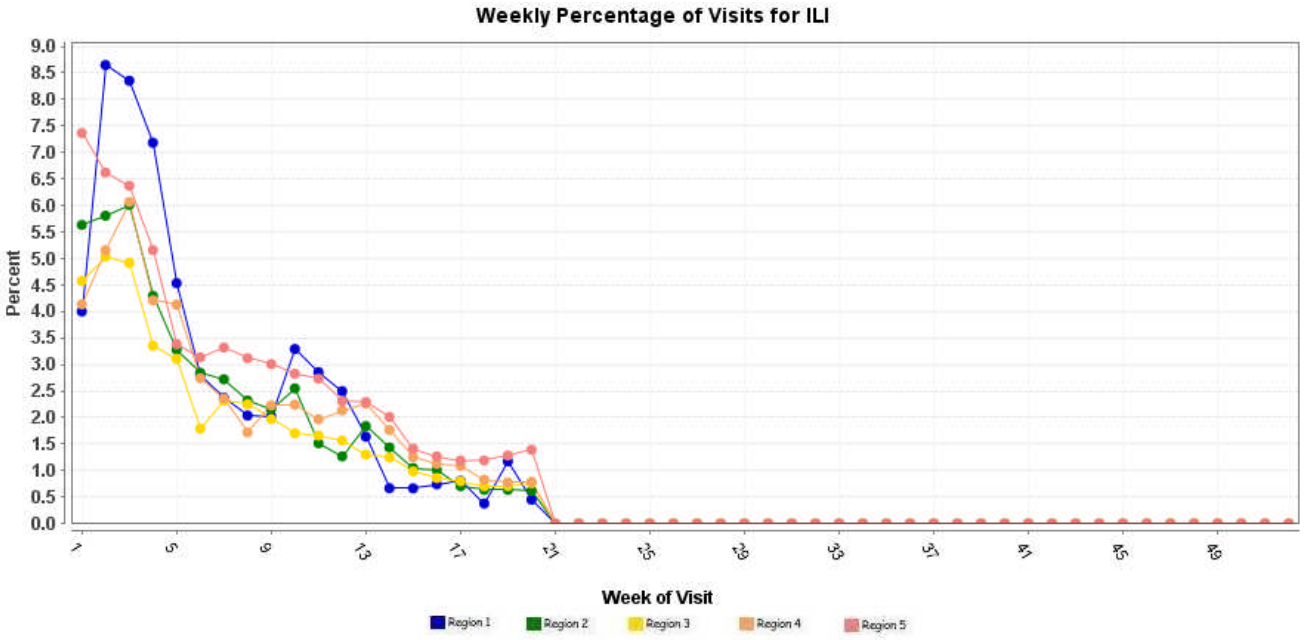
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



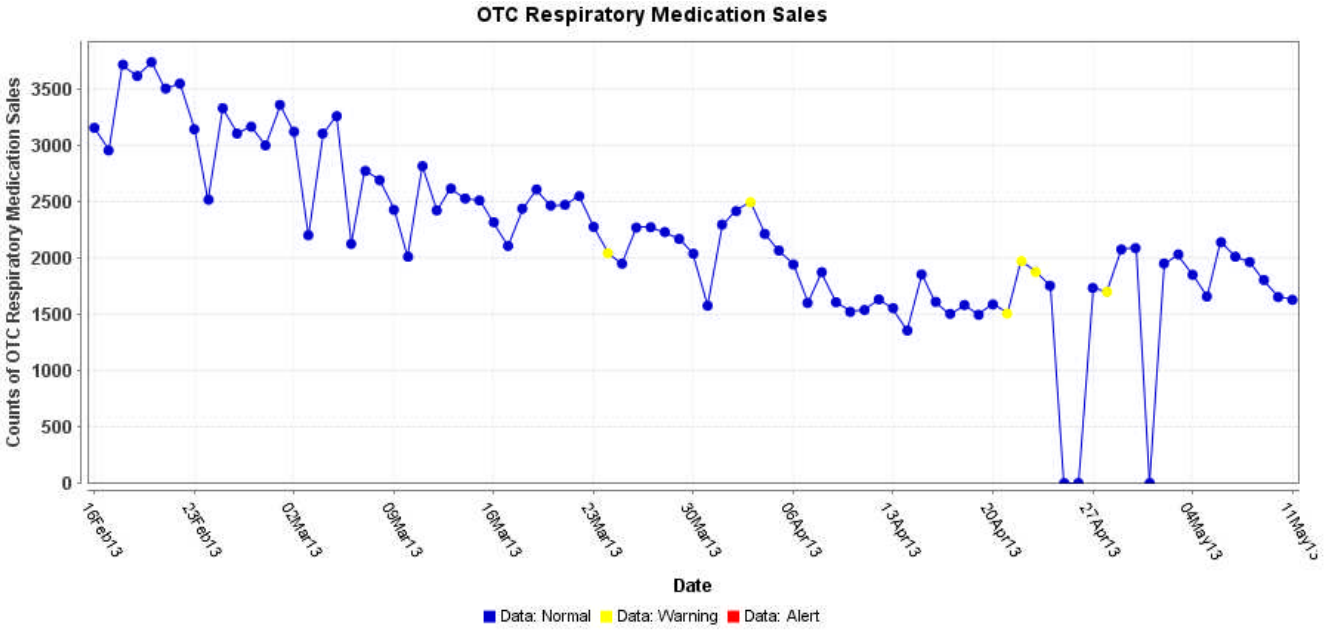
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. As of April 26, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 628, of which 374 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 60%.

AVIAN INFLUENZA (CHINA): 8 May 2013, As of 8 May 2013 (11:00 CET), the National Health and Family Planning Commission, China notified WHO of an additional laboratory-confirmed case of human infection with avian influenza A(H7N9) virus. The patient is a 79-year-old woman from Jiangxi province who became ill on 3 May 2013. Additionally, a patient earlier reported has died. To date, a total of 131 laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus including 32 deaths have been reported to WHO. Contacts of the confirmed cases are being closely monitored. The authorities in the affected locations continue to implement prevention and control measures. Investigations into the possible sources of infection and reservoirs of the virus are ongoing. Until the source of infection has been identified and controlled, it is expected that there will be further cases of human infection with the virus. So far, there is no evidence of sustained human-to-human transmission. WHO does not advise special screening at points of entry with regard to this event, nor does it recommend that any travel or trade restrictions be applied.

NATIONAL DISEASE REPORTS*

BOTULISM (USA): 10 May 2013, The U.S. Food and Drug Administration is warning consumers not to consume any juice products or other beverages from Juices Incorporated (aka Juices International and Juices Enterprises) of Brooklyn, NY. The company's carrot and beet juice products have the potential to be contaminated with *Clostridium botulinum*, a bacterium which can cause botulism, a serious and potentially fatal foodborne illness. Consumers are warned not to consume these products even if they do not look or smell spoiled. Botulism can cause the following symptoms: general weakness; dizziness; double-vision; and trouble with speaking or swallowing. Difficulty in breathing, weakness of other muscles, abdominal distension and constipation may also be common symptoms. People experiencing these symptoms after consuming carrot or beet juice products from Juices Incorporated should seek immediate medical attention. Although previously distributed in New York, New Jersey, Connecticut and Pennsylvania, Juices Incorporated products were recently found in retail establishments and restaurants in the New York City area, and consumers may have moved the products beyond this region.

The following Juices Incorporated juice products pose a particular concern for *Clostridium botulinum* contamination:
Carrot Juice Drink
Carrot & Beet Juice Drink
Carrot & Ginger Drink
Double Trouble Carrot Punch
Ginger Beet Juice
Beet Juice Drink

The products are packaged under the following brand names:
Juices Incorporated
Juices International
Juices Enterprises

On 7 Oct 2010, the U.S. Department of Justice filed a complaint for permanent injunction against the owners of Juices Incorporated after FDA inspections revealed continuing violations of the Federal Food, Drug and Cosmetic Act, including insanitary conditions at the Juices Incorporated facility. Under a 3 Jan 2011 Consent Decree of Permanent Injunction (Consent Decree), the owners of Juices Incorporated are required to stop manufacturing and distributing any articles of food, including all juice products and other beverages, until they correct the food safety deficiencies and insanitary conditions at their facility. (The Federal Food, Drug and Cosmetic Act refers to unsanitary conditions as insanitary.) Subsequently, on 21 Jun 2012, U.S. District Court Judge Sandra L. Townes for the Eastern District of New York issued an Order to Enforce Consent Decree after the owners of Juices Incorporated failed to comply with the requirements of the Consent Decree. FDA investigators recently confirmed that Juices Incorporated and its owners continue to manufacture and distribute juice products and other beverages in violation of the Consent Decree and the Court's Order to Enforce Consent Decree. Although *C. botulinum* has never been found in Juices Incorporated's juice products, FDA is concerned about the firm's continuing production of potentially hazardous juice products despite the requirements of the Consent Decree and Order to Enforce Consent Decree. Because the company was ordered not to manufacture or distribute any food, FDA is also warning consumers not to consume other Juices Incorporated beverages, including but not limited to: Ginger Beer Drink, Agony Peanut Punch, Front End Lifter Magnum Punch, Irish Sea Moss, Cashew Punch, Sorrel Drink, Pineapple Twist, Soursop Juice, and Corn Punch. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI EHEC (TEXAS): 8 May 2013, The Brazos County (Texas) Health Department is investigating 8 cases of possible *E. coli* infections in the area. With the help of the Texas Department of State Health, the department has confirmed that 5 of those cases are due to *E. coli O157:H7*, a strain of the bacterium that produces a Shiga toxin, which can cause bloody diarrhea and lead to kidney failure and hemolytic uremic syndrome, which has a fatality rate of between 5 and 10 percent. Two related children, under the age of 5, have been hospitalized for about a week at Texas Children's Hospital in Houston. The other 6 patients, who were college-aged or older, did not need hospitalization, according to department Health Authority Eric Wilke. Investigators have yet to find a common source of the bacteria among the recent patients, as the patients did not eat at the same restaurant, Wilke said. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

PSITTACOSIS (SWEDEN): 9 May 2013, From 12 Jan 2013 to 9 Apr 2013, 25 cases of psittacosis were detected in southern Sweden. Only 1 case had been reported during the preceding months in 2012. Psittacosis has been a notifiable disease in Sweden since 1969. A mean of 7 cases (SD: 3.3) per year have been reported in Sweden over the last 10 years (1). The cases were found in the counties of Skane, Kronoberg, Kalmar, and Ostergotland [East Gothland], in the south of the country. Of the 25 cases, 23 were in Skane and Kronoberg. In order to identify the source of the outbreak, county medical officers and the Swedish Institute for Communicable Disease Control (SMI) conducted an outbreak investigation. (Psittacosis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (MOROCCO): 6 May 2013, An anthrax-infected man has died in University Hospital in Marrakech, Morocco. A medical source has stated that the person with anthrax, who was undergoing treatment at the Ibn Tufail Marrakech hospital campus, died on Saturday evening [4 May 2013; The initial report of this case was on 29 Apr 2013 in Al Ahdath Al Maghribia, but we were unable to access the original report. - Mod.MHJ]. The deceased had been transferred to Ibn Tufail [hospital] isolation facility days before because he was in serious condition, having been diagnosed with the disease (anthrax), which is transmitted from animals to humans, and to prevent him from receiving any visits due to fear of transmission to other people [This is unnecessary, because though anthrax is infectious, it is very rarely contagious. - Mod.MHJ]. The deceased manifested symptoms of the disease following the death of a cow in a stable on the farm [in the Qalaat Sraghna region. - Mod.MHJ]. At the request of the deceased, the cow's liver was extracted to make sure of the cause of death before the burial. Shortly after this, he (the deceased) started to show symptoms of the disease, which advanced progressively and necessitated his transfer to hospital. The doctor at the University Hospital in Marrakech [Ibn Tufail] said that the patient, aged 34 years, was relocated from outside Marrakech to the hospital too late to save him from the effects of the bacteria, as he had suffered significant damage to internal organs, and it was too difficult to treat them. A medical source said, on condition of anonymity, that this case is not the 1st of its kind recorded in the territory outside Marrakech and that anthrax had already caused the deaths of 12 people in the same region within the past year. The current medical information about the disease, known by other names such as Altfhamih fever, malignant edema, and navy wool disease, is an occupational disease transmitted to workers in the leather and wool industries, and veterinarians and farm workers who come into contact with animals carrying the bacteria that cause the disease. The skin becomes infected through contact with tissues of infected animals (cattle, sheep, goats, horses, pigs) which have died because of the disease, or through touching contaminated hair, wool or leather. The bacteria can infect the lungs when spores or contaminated dust are inhaled, or the gastrointestinal system by the eating of contaminated meat. The disease spreads between herbivores through contaminated soil and food. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

PSITTACOSIS (ARGENTINA): 6 May 2013, The Department of Tropical and Emerging Diseases of the San Roque hospital recently reported 5 cases of psittacosis, an infectious and [potentially] highly dangerous disease for humans, transmitted by birds. To prevent a [larger] outbreak, people are urged not to buy birds sold on the street. The 1st cases recently confirmed were a married couple who were seen at the San Roque hospital and who had contracted the bacterium *Chlamydophila psittaci*, the cause of psittacosis. Subsequently, 3 additional confirmed cases were reported by private medical practices to the Ministry of Health of the province. The couple who contracted the disease indicated that the symptoms began within days of buying a monk parakeet at the city bus terminal and parrots were implicated in the infection of the other 3 cases. In this context, the head of Tropical and Emerging Diseases of San Roque hospital, Gustavo Echenique, confirmed the cases and warned that the illegal trader who sold the bird to this couple had about 20 more birds for sale, which could also spread the disease. The tropical diseases physician reported that all 5 cases were clinically stable, although one woman was pregnant, which modified the treatment in that particular case. (Psittacosis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable